Good afternoon, colleagues,

Our next meeting of the full Workforce Development Workgroup of the
LTCSS Commission is Wednesday, February 6, 2008 from 1:30 to 3:30 p.m.
at PHI offices at 1325 S. Washington Avenue, Lansing, MI 48910. We are
south of the I-496 off the Grand exit if you are coming from the east
and off the Pine/Walnut exit if you are coming from the west. The
building is owned by The Arc Michigan and sits back from S. Washington.

Just to add excitement to those of you driving, the Lansing Police
Department regularly set up a speed trap on S. Washington from I-496 to
our offices. Keep your speed below 27 mph.

Conference call-in will be available.   Passcode: 245156 Toll telephone
number: 1-719-234-7853.

Our issue committees have been very busy. There are several attachments
to this message explaining their work. Please bring copies of these
materials with you to the meeting or to your phone.

We will spend most of our time on the reports of the issue committees;
all have something to discuss with the full group.

Have a great weekend and drive/dial safely on Wednesday.

Hollis Turnham
Michigan State Director
1325 S. Washington Avenue
Lansing, MI 48910

517-327-0331
HTurnham@PHInational.org

Please note the new email and website addresses directly above and
below.
www.PHInational.org
www.PHInational.org/clearinghouse
www.coverageiscritical.org

Workforce Development Workgroup

Michigan Long-Term Care Supports and Services Commission

DRAFT AGENDA

February 6, 2008
1:30 p.m. until 3:30 p.m.

PHI Offices
1325 S. Washington Avenue
Lansing, MI 48910
517.372.8310

Conference call-in numbers
Passcode: 245156
Toll: 1-719-234-7853

1:30   Welcome, Introductions, and Review of Agenda and December
Notes (email attachment)
    Note taker for this meeting
    Your recommended movie for winter viewing

1:40   Response to our report the Commission (email attachment).
Reports from Workforce Ambassadors on other Workgroup
meeting.

1:50   Review of the issue sub-committee work.
    A.   Health care,
    B. CNA curriculum (email attachment)
    C. Data (email attachment and "mediations" from members.
    D. LPN. (email attachment)
    E. MWA

3:15   Meeting review
    Keeping everyone in the loop — How are we doing?
    Next meeting
    Meeting evaluation

3:30   Adjourn

Safe Travels

Workforce Development Workgroup

Michigan Long-Term Care Supports and Services Commission
Meeting Notes
December 11, 2007

Attendees:

Jean Brisbo	Jules Isenberg-Wedel	Laura McMurty
Michelle Munson-McCorry		Craig Nobbelin
Maureen Sheehan	David Shevrin	Lauren Swanson
Dawn Sweeney	Hollis Turnham	Tricia Harney
Chris Hennessey	Kelley Fulkerson	

1. Welcome, Introductions and Review of the Agenda

*   Introductions were made around the table. No new items were presented for the agenda.
*   Dawn Sweeney will take notes for the meeting. THANKS from all of us.

2. Review of September minutes

*   Lauren Swanson asked that clarification be made regarding the grant, which was recorded as $782, 564 for the development of nursing home diversion programs. The actual grant amount awarded was $500,000.

3. Reports from Workforce Ambassadors

Finance
*   The Finance Committee has drafted a letter that will go to the Long Term Care Commission, as well as to central congressional delegation, regarding a fix to federal match for Medicaid. It seems that Michigan could see the amount of Medicaid dollars we receive dropped by of millions of dollars because of the contract between the Auto workers and car companies. Congress can correct the problem. This situation has been summed up in the following statement by Ann Marston, President and CEO of the League about President Bush's latest veto of the S-CHIP legislation.

*This legislation is particularly critical to Michigan because, in
addition to providing funds for children's healthcare, it also includes
a provision that protects the state from major loss of federal funds for
the Medicaid program should an "extraordinary employer contribution to
its pension or insurance fund" (e.g., the proposed General Motors
contribution to the VEBA) be made. When GM made such a contribution to
its retirement fund in 2003, that payment cost the state hundreds of
millions of dollars in federal matching funds because it artificially
increased Michigan's per capita income which is used in calculating the*

*federal matching rate. That payment was billions of dollars less than
the proposed VEBA payment!*

Prevention/Care Giver Support
- No report

Public Education & Consumer Participation
- The group reviewed its mission statement. Also, they looked at their possible target audience and narrowed it down to their immediate target audience. They brainstormed all the possible objectives of the group, and placed them into a project grid. They are developing a user-friendly, succient explanation of their mission statement, objectives and the target audience. They are trying to do this all in 100 words or less.

4. Review of the issue sub-committees

Health Care Coverage
- Michelle Munson-McCorry reported that this group met 2 weeks ago and narrowed down the heath care coverage options to two specific health care coverage recommendations:
  - Health Insurance Rate Enhancement (HIRE): This approach is being piloted in Montana, which recently passed legislation to provide an enhanced rate to Medicaid-funded providers to offer health care coverage to their direct-care and nursing staff. The group feels that such a pilot would work in Michigan and plan to develop a recommendation to the LTC Commission that they support a Study Bill in the Michigan Legislature. The study would research the feasibility instituting a rate enhancement for Medicaid-funded long-term care providers for the specific purpose of providing affordable, adequate health insurance to direct care workers.
  - Promotion for Third Share Plans: Seven counties in Michigan operate TSPs as an affordable option for smaller employers to purchase and offer health insurance for their staff. The plan costs range from $46-$75 per month and offer varying levels of coverage. The monthly amount is paid by both the employer and the employee. The title of the plan is derived from the breakdown of monthly coverage payment: the employer, the employee and the related county each pay one third of the monthly coverage cost. While these plans are a great option, particularly for small employers and part-time employees, they are not very well known, and it would be the recommendation of this group to work towards promoting them.
    - A challenge with this option comes in situations in which more than one employer employs the direct care worker. The question then becomes one of determining which employer pays the coverage. However, this is a small obstacle given the general overall success of this initiative.

- Currently in Michigan, most efforts have focused on getting federal approval of the MiFirst Plan, which offers basic coverage for people living below 200% of the poverty level. Legislation that authorizes this proposal has passed the Senate; however, the Administration is waiting for stronger support from CMS before moving forward with filing a state plan amendment.
- The next health care meeting: January 16, 2008. Please checkout the related website: www.coverageiscritical.org

CNA Curriculum

- Jules Isenberg-Wedel reported that the CNA curriculum improvement has received endorsement some groups and that they are now following up with several key groups that have not responded (HCAM and MAHSA) to get their endorsement. This delay seems to have slowed the momentum of this initiative. The group discussed the best way to approach these key groups to determine the cause for delay and offer solutions. They also discussed possibly reaching out to additional groups for endorsement and support. Drafting documents for this outreach will begin.
- They are considering creating a presentation of a cost benefit analysis to show the impact the improved curriculum could have, as well as relating the curriculum changes with outcomes focus to the new QI Survey process.
- The group plans to begin drafting a legislative proposal to share with needed partners.
- Next meeting: December 12, 2007.

Workforce Data

- Hollis reported that this group met via conference call and discussed that lack of information that the state of Michigan currently collects regarding the individuals who work in assisted living centers, AFCs and other long term care facilities. There is even less information collected regarding individuals who work as in-home and private-pay care providers. The goal of this group is to fill in all these gaps and others that are in a Table on page 5 of the recommendations considered by the Medicaid Reform Task Force.
- North Caroline has created a form to collect information. The forms come as part of the license renewal process, but are not mandated to be completed. However, the state gets consistently strong participation. The information from this is not stored with a state department; rather it is compiled and stored by a university which puts together a minimum data set. The group would like to use this document as a starting point in developing a tool for Michigan and then finding a university or other education institution to manage the information. This of course, is all in the very early stages, and would require a lot of discussion and research to develop the most appropriate tool and storage plan for our state's needs.
- The group also discussed creating "student projects" in which a list of topics would be developed and then shopped out to graduate students as potential research projects. We could utilize the students to do data mining and research on the topics selected. Examples of areas to data mine include: the Labor Market

Information (LMI) database and the Department of Human Services (DHS) databases.

- Finally, the group is setting up a meeting with the LMI department to discuss their data needs and see if they can provide any assistance.

LPN Training Programs

- Dave Shevrin reported the SE LTC MiRSA that he is working with met with Chief Executive Nurse Klemczak and others from the Governor's Executive Office to discuss the issue of LPNs. The meeting went well, and the following recommendations were created:
  -Improve the PN and RN Program Approval Process
  - Facilitate Articulation Agreements between Public and Private Nursing Programs
  - Explore changing Clinical Requirements and encourage rotations in outpatient clients, LTC facilities and community-based organizations.
- Also, CEN Klemczak mentioned that the public code regarding nursing is going to be reviewed and updated as needed. This would be a great opportunity to advocate for reforms that would benefit LPN training and curriculum as well.

Michigan Works Agencies

We still do not have a leader for this group! Kelley Fulkerson has agreed to lead this group. She will make contact with the members regarding a meeting in the near future. Thanks Kelley!!!

5. Next steps:
Hollis will draft a report on the committee progress for the LTC Commission and circulate it to the group for feedback. The next LTC Commission meeting is January 28, 2008 at which Hollis will present the report from this group.

Our next meeting of the full Workforce Development Workgroup will be Wednesday February 6, 2008 from 1:30-3:30 p.m. at PHI's offices at 1325 S. Washington Avenue, Lansing 48910.

Report to LTCSS Advisory Commission

From the Workforce Development Workgroup

January 28, 2008

The Workforce Development Workgroup has over 60 members seeking to implement

Task Force Recommendation #8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices. The full set of recommendation and benchmarks appear on pages 21-22 of the Final Report of the Michigan Medicaid Long-Term Care Task Force.

Initially, the entire workgroup created five issue committees to address specific Task Force recommendations and benchmarks and to bring state activities to the full workgroup and ultimately the LTCSS Commission that we believe will implement the vision and goals of the Task Force. Those five issue committees and the workforce recommendations from the Task Force report they are responding to are:

1. **Michigan Works Agencies (MWA)—Recommendations # 1, #2, #3**

2. **Workforce Data—Recommendations # 4, #11**

3. **CNA curriculum enhancement—Recommendations # 5, #7, #9.1, #10**

4. **LPN training programs—Recommendations #5, #6, #10**

5. **Health Care Coverage-Recommendation # 9**

Each issue committee has volunteer facilitator(s), a roster of members, and has met at least once and charted initial activities, but for the MWA issue committee. The MWA issue committee will be holding its first meeting in the next two weeks.

Initial activities completed and planned by the issue committees follow:

      Workforce Data—Recommendations # 4, #11. The data issue committee has started to evaluate the current data maintained and shared by the State on the LTC workforce. We will hear from DLEG this week on its activities and capacities. We have examined the reporting used by North Carolina which annually collects employment and turnover data from its nursing homes, adult care homes, and home health agencies. Once it is released in the Spring, 2008, we will evaluate a workforce data white paper

coming from a CMS funded workforce resource center. The white paper will outline the minimum long-term care workforce data elements that each state should be collecting and explain the various uses for the data. By the end of 2008, this issue committee and the full Workforce Workgroup hopes to present to the LTCSS Commission **a set of minimum LTC workforce data that Michigan ought to be collecting, analyzing, sharing, and using to support the implementation of the Task Force visions, goals, and recommendations.**

CNA curriculum enhancement—Recommendations # 5, #7, #9.1, #10. This issue committee has taken up the recommendations for improving the MI Model CNA curriculum and the administration of the CNA registry, as developed by the Michigan Direct Care Workforce Initiative (MDCWI). Currently, we are seeking formal support from as many LTC stakeholders as possible to agree that Michigan should take control of its CNA training program and stop relying on 20 year old federal standards for training of over 7,000 direct care workers every year. A state legislative effort is required to take exceed the 20 year old federal mandates for the CNA training program and curriculum. With support from the Commission and the Department of Community Health, we envision that those organizations that formally support enhancing the CNA training program will then draft the desired legislative elements, seek legislative champions, and support legislation implementing the desired changes. In March, 2008, this issue committee plans to present a **formal recommendation to the LTCSS Commission to support this effort to better prepare CNAs, and other direct care workers, for their first weeks of employment through new state legislation that exceeds federal minimum standards.**

LPN training programs—Recommendations #5, #6, #10. LPNs are used extensively in long-term care, particularly in nursing homes and home care. The SE MI RSA has raised and been working on a number of LPN issues over the last two years— **Are there enough training programs for LPNs and graduates who practice as LPNS, particularly in SE MI? What are the barriers to creating more training programs for LPNs? What's the best curriculum for all LPN programs to use in meeting the needs LTC consumers and LTC employers, including supervisory skills? How can LPN course work be recognized in all RN training programs so to reduce repetition of course work and the cost of an RN education?** The issue committee has learned that the Department of Community Health has convened a Task Force on Nursing Regulations, outside the Board of Nursing, to examine both RN and LPN issues. The Task Force on Nursing Regulations are examining the creation of "unified" LPN and RN curricula for all approved educational programs to follow. Many believe that these "unified" curricula are the first step in getting "articulation agreements" among the

state's nursing education programs. The Task Force on Nursing Regulations recommendations will then be considered by the Department's Board of Nursing. Once more information and data is gathered, the Workforce Workgroup is likely to come to the LTCSS Commission with recommendations for inclusion of long-term care concerns in the Board of Nursing process to review both RN and LPN training and changes to state law and rules.

Health Care Coverage-Recommendation # 9. This issue committee has been gathering information about how best to secure health care coverage for all who work in LTC. **The analysis has focused both on finding ways to cover people who are currently uninsured and to support those employers who want to continue to offer affordable, adequate health care coverage to their employees.** The group is looking at the Muskegon County Access Health plan and other County Third Share Plans designed largely for **small employers** who have not been offering health care coverage to their staff and how state agencies, including DCH, can encourage and support employer participation in these plans. Also, the Health Care Coverage issue group is looking at what other states have done to **enhance their Medicaid reimbursement rates** to secure affordable, adequate health care coverage for people delivering Medicaid funded long-term care. The issue committee expects to bring formal recommendations for state governmental actions in the next 3 to 6 months.

Our challenges: Getting broad geographic participation in our meetings and discussions. Current solution: we are using some conference calls that are not "tollfree." Participating members are incurring a long-distance telephone charge to participate in workgroup and issue committee meetings.

Bringing workforce issues to other Workgroups: Some members of Workforce Development are "ambassadors" to the other workgroups to raise workforce issues and bring back to us finance, quality, education, etc issues.

Logistical and staffing needs: Meeting rooms. We have been using the conference rooms at the Tri-County on Aging, but those rooms may not be as available to us during tax season. We will likely move more meetings to PHI's conference room. We would like to know about more options for free meeting space in Lansing area with free parking and how to reserve those meeting spaces.

Finally, our success is due to the work of the members of Workforce Development Workgroup who have are facilitating the issue committees, taking notes of our meetings, sharing their expertise and experiences, finding meeting locations, recruiting presenters to inform our work, and working to build agreement among stakeholders for

the recommendations we will bring to the LTCSS Commission. My deepest thanks to all these advocates for a highly qualified, committed, and respected long-term care workforce.

Submitted by: Hollis Turnham, LTCSS Commissioner

Michigan Long Term Care Supports and Services Commission
Workforce Development Workgroup and Michigan Direct Care Workforce Initiative

DRAFT

Letter Seeking Support Letter

(Date)

Dear (Friend):

The Workforce Development Workgroup of the Michigan Long-Term Care Supports and Services (LTCSS) Advisory Commission and the Michigan Direct Care Workforce Initiative (MDCWI), and its many members, are proud of its recommendations for improving the Michigan Model Certified Nurse Assistant (CNA) curriculum and how this program is administered by the Michigan Department of Community Health. Enclosed is an Executive Summary of the Recommendations.

In order to make these recommendations a reality we are requesting that your organization formally support these recommendations and participate in a working group to draft legislative concept to implement the changes. We seek your support of these changes and this process through a Letter of Endorsement to the LTC Supports and Services Commission. A sample letter is enclosed.

By enhancing the model curriculum beyond the federal minimum requirements and making the administrative improvements to the operation of the training and registry oversight functions, we believe that many positive outcomes will be realized, including:

- Graduates will be well prepared for today's person-centered and person-directed caregiving.
- Employers will decrease their current on-the-job training expenses and turnover-related costs.
- The people served and supported by CNA graduates will experience an improvement in quality of those services.
- The State will have better information and resources to support quality CNA training programs and instructors.
- CNA training programs and instructors will have better information and resources to provide high quality education.

Some of MDCWI's recommendations have already been implemented. The Michigan Model CNA curriculum has been revised to eliminate outdated content (e.g. ″mercury thermometers″), an easier to use format, and new encouragement to use adult-learner teaching methods. Tthese revisions were accepted by the BHP, and are now being implemented in the state's 200+ approved CNA training programs.

To implement all the recommendations, particularly those related to better training in dementia care, teamwork, communications, and person-centered planning, State legislation is necessary to go beyond the 20 year old federal minimum training requirements. We recommend that the collaborative process of supportive organizations continue to work together to fashion the needed legislative provisions and to select and work with legislative champions for passage.

Michigan Long Term Care Supports and Services Commission
Workforce Development Workgroup and Michigan Direct Care Workforce Initiative

Thanks on advance for your consideration of this request. Please fill free to contact me or others with MDCWI or the Workforce Development Workgroup with suggestions, questions, or concerns.

Sincerely,

Hollis Turnham, Chair
LTC Supports and Services Commission
Workforce Development Workgroup
1325 S. Washington Avenue
Lansing, MI 48910
517.327.0331
HTurnham@PHInational.org

Michigan Long Term Care Supports and Services Commission
Workforce Development Workgroup and Michigan Direct Care Workforce Initiative

January 31, 2008

To: The LTC Commission Workforce Development Workgroup

Fr: David Shevrin, SE Mi LTC RSA; Tricia Harney, Hospice of Michigan; and the CNA issue group.

Re: CNA Recommendations Endorsement Campaign Plan

At the December Workforce Development Workgroup, participants agreed that now is the time to move forward with the MDCWI Recommendations to Improve Michigan's CNA Training Programs and their administration by the State. We agreed to following plan of action, in this order:

- Secure Letters of Endorsement from as many LTC interests as possible.
- Present our recommendations to the LTC Commission for their approval and support at their March 24, 2008.
- With Commission and Department support, convene a working group of the endorsing organizations to draft the elements of a legislative proposal.
- Find Legislative Sponsors to help draft, introduce and pass legislation by this fall.

What follows is a description of the actions the members of the Workforce Development Workgroup, and other partners, need to take to secure Endorsement Letters in a timely fashion:

1. Review, revise and approve the Action Plan outlined above.
2. Review, revise and approve the documents that will go in the Endorsement Packet. Those documents are attached to this memo.
3. Identify all LTC interests we need to ask to endorse the CNA recommendations.
4. Get your own organization to do a support letter.
5. Identify critical groups that may require special attention and determine course of action.
6. Divide up groups and commit sending and following up on our request to endorse.
7. Address questions and concerns, and be open to revising/adding to CNA recommendations as the process moves forward.

To help execute this Action Plan and the Endorsement Campaign we are recommending the following documents be included in the Endorsement Packet:

- Cover Letter (that can be customized)
- Sample Endorsement Letter (that can be customized)
- The MCMCFC's letter of support as an example
- Executive Summary of Recommendations
- How to get a full copy of all the recommendations.
- List of People/Organizations involved in both MDCWI and Workgroup

Michigan Long Term Care Supports and Services Commission
Workforce Development Workgroup and Michigan Direct Care Workforce Initiative

We have momentum and hope to keep it going at our February 6th meeting. While we may not get the legislation approved by both the House and Senate this legislative session, substantial progress is important and possible.

Michigan Long Term Care Supports and Services Commission
Workforce Development Workgroup and Michigan Direct Care Workforce Initiative

Executive Summary of the Recommendations to Improve
Michigan's Certified Nurse Assistant Training Programs

Twenty years after the passage of the federal Nursing Home Reform Act of 1987, many Michigan long-term care stakeholders—and the majority of states—are concluding that the federal minimum training standards for certified nursing assistants (CNAs) are insufficient. [1] In a 2002 Department of Health and Human Services survey, 40 of the 49 directors who oversee their state's nurse aide training programs indicated that they believed that federally mandated 75 hours of training is not sufficient to prepare nurse aides for their first day on the job.[2]

Approximately half of the nursing home supervisors interviewed for the same survey—and 61 percent of the state directors interviewed—believe that nurse aide training has not kept pace with demands of the changing care needs of nursing home residents.[3] And, a growing body of research indicates that inadequate training leads to higher turnover for CNAs.[4] Furthermore, many experts agree that there is a relationship between the level and type of training and the quality of care that nursing assistants provide.[5] CNAs themselves indicate that they need more training and experience in the management of residents with dementia, depression, and aggression—as well as in effective communication.[6]

In response, over the past four years, the Michigan Direct Care Workforce Initiative (MDCWI), a coalitional effort to improve recruitment, training, and retention practices of long-term care providers funded by the Michigan Department of Labor and Economic Growth, and now the Workforce Development Workgroup of the Michigan LTC Supports and Services (LTCSS) Advisory Commission , have developed revisions and enhancements to the Michigan's Certified Nurse Assistant (CNA) training program, administered by the Bureau of Health Professions (BHP) within the Michigan Department of Community Health (MDCH).

By enhancing the model curriculum beyond the federal minimum requirements and making the administrative improvements to the operation of the training and registry oversight functions, we believe that many positive outcomes will be realized, including:

- Graduates will be well prepared for today's person-centered and person-directed caregiving.
- Employers will decrease their current on-the-job training expenses and turnover-related costs.
- The people served and supported by CNA graduates will experience an improvement in quality of those services.
- The State will have better information and resources to support quality CNA training programs and instructors.
- CNA training programs and instructors will have better information and resources to provide high quality education.

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1 *Training and education: What is needed to prepare nursing assistants to deliver good care.* Joslin, Susan, et al.. March 2002. Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Part II , The Centers for Medicare and Medicaid Services (CMS).

2 *Nurse aide training.* Rehnquist, Janet. November 2002. Department of Health and Human Services, Office of Inspector General (OIG).

3 See OIG.

4 Institute of Medicine (IOM), *Improving the Quality of Long-Term Care* (Washington, DC: National Academy Press, 2000).

5 See IOM.

6 Mercer et al., 1993

Some of MDCWI's recommendations have already been implemented. The Michigan Model CNA curriculum has been revised to eliminate outdated content (e.g. ″mercury thermometers″), an easier to use format, and new encouragement to use adult-learner teaching methods. Tthese revisions were accepted by the BHP, and are now being implemented in the state's 200+ approved CNA training programs.

To implement all the recommendations, particularly those related to better training in dementia care, teamwork, communications, and person-centered planning, State legislation is necessary to go beyond the 20 year old federal minimum training requirements.   We recommend that the collaborative process of supportive organizations continue to work together to fashion the needed legislative provisions and to select and work with legislative champions for passage.

Our ask and your actions
To insure success, we are asking all affected interests and LTC stakeholders to formally support the need for state legislation as outlined by these recommendations, to be active in crafting the elements of state legislation and supportive of resulting legislation. We seek a letter from your organization explaining your support of and future participation in this effort to improve care. These letters of support will be with the LTCSS Commission in order to get Commission support. We have included:

• The full recommendation report developed by MDCWI,
• A sample letter of support,
• A list of the people who participated in developing these recommendations,
• A list of members of the Workforce Development Workgroup of the LTCSS Commission, and
•The support letter from the Michigan County Medical Care Facilities Council.

If you have any suggestions, questions or concerns please contact the Chair of the Workforce Development Workgroup, Hollis Turnham, at 517-327-0331 or email HTurnham@PHInational.org.

SAMPLE SUPPORT LETTER

Ms. Hollis Turnham, Chair
Workforce Development Workgroup
LTCSS Advisory Commission
c/o PHI
1325 S. Washington Avenue
Lansing, MI 48910

Dear Ms. Turnham,

On behalf of [your organization] and the [number of members, people served, or responsibilities} we represent, I/we endorse the recommendations and a state legislative process for improving the Michigan Model Certified Nurse Assistant (CNA) curriculum and state administration of the training programs and CNA registry.

The 20 year old federal minimum training standards are not sufficient. We want the State to adopt legislation to develop a new Michigan Model curriculum that reflects the current and future needs of people living and working in nursing homes. We also support the recommendations that will improve the administration of CNA training programs and the CNA registry.

[Add information here about you or your organization and why improving the Michigan Model CNA curriculum, and its administration, are important to you specifically].

Also, we want to actively participate in the effort to draft the necessary legislative proposals and work with state House and Senate members. [Please be as specific as possible about how your organization wants to participate in further work.]

Thank you for your leadership on this important issue of concern to all health care providers and direct care workers in the State.   [Your organization] endorses the recommendations and the legislation needed to accomplish them.

Sincerely,

Name
Title
Organization
Address 1
Address 2
City, State Zip
Phone

Department of Labor & Economic Growth
Bureau of Labor Market Information & Strategic Initiatives

Available Data Sources on Health Care Industries and Occupations

Advantages to Data Users of the DLEG Labor Market Information Programs

o Michigan participates in the national Bureau of Labor Statistics data programs that produce employment information by industry and occupation

o All states in these programs use identical methodologies. This means the data for Michigan and Michigan local areas can be directly compared with data produced for other states.

o These are ongoing data programs so they provide historical information. This is a major advantage over attempting to produce data once from an ad-hoc survey.

o Our data is produced using a combination of employer surveys and administrative records. Administrative records are comprehensive, often compiling data from as many as 225,000 private Michigan employers.

o Survey information is collected from statistically-significant samples of Michigan employers stratified by industry, employer size, and geography. We need to meet strict reporting response rates set by BLS.

o Our survey estimates on industry jobs are eventually controlled to the universe administrative counts, which is a further control to eliminate survey estimation error from the historical series.

o Data is available at multiple levels of geography depending on the program. This includes data for Michigan, metro areas, and (in some cases) counties.

What Questions Can Be Addressed Using Data on Health Care Industries or Occupations?

Data on Industry Sectors

o How many jobs are provided by detailed health care industries in Michigan?
   o Hospitals
   o Nursing Care Facilities
   o Home Health Care
   o Community Care Facilities/Assisted Living
   o Others
o Which health care sectors have recorded the highest/lowest job growth rates?
o What is the average weekly wage in these sectors?
o How many private sector establishments exist in these sectors?
o What is the breakdown of employment by firm size?

Data on Occupations

o How many jobs are provided by detailed health care occupations in Michigan?
  o Nurse Aides
  o Home Health Aides
  o Personal Care Aides
  o Licensed Practical Nurses
  o Registered Nurses
  o Others
o What are the average (mean or median) wage rates for these occupations? How do wages differ by metro area within the state?
o What is the range of wages for these occupations?
  o 10th percentile (often entry level)
  o 25th percentile
  o 75th percentile
  o 90th percentile

Data on Employment Forecasts

o What are the short-term (2-year) and long-term (10-year) forecast growth rates for broad health care industry sectors and for detailed health care occupations?
o How many jobs are expected to be added to the state and regional economies in health care occupations over these time frames?
o How many annual job openings are expected per year by detailed occupation?
o How many annual job openings are anticipated due to growth in the occupation versus the need to replace workers who leave the occupation?

USDOL Bureau of Labor Statistics/DLEG Programs

Health Care Industry Employment Information

1. *Quarterly Census of Employment & Wages*

   o Administrative data from Unemployment Insurance Tax records
   o Captures data from a near-census (98%) of all Michigan employers
   o Produces the most industry detail of any program
   o Produces data down to the county level
   o Due to the size of the database, requires more time for data collection. Data is published with about a seven month delay. Data currently available for 2nd Quarter 2007
   o Produces information on employment levels, number of business establishments, total payroll, and average weekly wage by detailed industry

2. *Current Employment Statistics*

   o Produced from a monthly sample of Michigan employers

- o Produces most timely estimates of payroll jobs by industry for the nation, all states, and all metro areas. Most recent available data is December 2007.
- o Long historical trend series allows for identification of growth and declining sectors
- o Sample estimates are revised annually by reconciling with universe data from the Quarterly Census of Employment & Wages

Health Care Occupational Employment Information

Occupational Employment Statistics

- o Employer survey
- o Information is collected on the number of employed workers by occupation for each employer and the wage rates paid
- o Program publishes employment levels and wage rates (median, mean, by quartile) for detailed occupational titles
- o Data published for Michigan, all metro areas, and several non-metro regions
- o Also produces staffing patterns that indicate the occupational share of jobs in specific industries. Can also be used to identify the primary industries that employ specific occupations.

Other DLEG Data Programs with Information on Health Care

Industry & Occupational Employment Forecasts

- o Widely used by workforce developers, community colleges, high schools, etc to advice jobseekers, students, and to guide curriculum and job training program development.
- o Helps to identify high-demand occupations with positive forecast growth rates or large numbers of forecast job openings
- o Short-term and long-term forecasts produced for Michigan
- o Long-term forecasts produced for 18 Michigan forecast regions
- o Occupational forecasts can be broken down by level of educational attainment required

Local Employment Dynamics Program (LED)

- o Innovative program between Michigan (DLEG) and other states and the U.S. Census Bureau
- o Utilizes administrative records on payroll jobs, information on worker job flows from wage record files, and demographic data on age and gender from Census Bureau records
- o Produces information on detailed industries but not on occupations
- o Data available by state, metro area, workforce region, and county
- o Provides new economic variables by detailed industry such as:

- o Net job flows
- o Jobs created
- o New hires
- o Separations
- o Turnover rates
- o Average earnings for new hires
- o Data is broken out by gender and by detailed age groups
  - o Allows study of industries at greatest risk of the aging workforce
  - o Identifies industries with above average levels of new hires among older or younger workers
- o LED has an interactive mapping tool, OnTheMap, that:
  - o Shows where people live in relation to where they work with reports on age, earnings, industry distribution, and local workforce indicators.
  - o Allows users to draw a region of interest on the map, and then get a visual display of where the labor pool for that region resides, or display where the residents of the region commute to work.
  - o Employers can use OnTheMap to get a visual picture of the concentrations of labor pool in their region and their demographic characteristics and workforce indicator statistics.
  - o Jobseekers can use OnTheMap to produce a map of their city or county of residence and the geographic concentration of jobs within commuting distance.

Michigan Job Vacancy Survey

- o Survey of 8,600 Michigan employers stratified by industry, firm size, and geography
- o Produces information on the number of Michigan job vacancies and job vacancy rates by industry and occupation
- o Employers provide information on the educational requirements for current job vacancies, employee benefits offered for the vacant positions, and the relative degree of hiring difficulty in filling occupational vacancies.

How Can This Information be Obtained?

- o Most DLEG labor market information data and publications are available on-line:

  - o www.michigan.gov/lmi

Michigan LTCSSC Workforce Development Group

LPN Training Programs Issue Committee
Meeting Notes
December 12, 2007

Attendees: David Shevrin, Michelle Munson-McCorry, Dawn Sweeney

1. David Shevrin reviewed outcomes from the SE Michigan LTC RSA's meeting with Chief Nurse
   Executive Klemczak, Pam Yager from the Governor's Office and Rae Ramesdel from BHP:

   a. Practical Nurse Program Approval Process
      • Rae Ramesdel shared that the Board of Nursing has a committee looking at ways to
        improve the process, and is open to input from the LTC Workforce Workgroup.
      • Chief Nurse Executive Klemczak expressed the need to determine how many LPNs
        PN programs are producing in SE Michigan.
      • The LTC RSA agreed to canvass regional PN programs to determine that number
        before pressing for additional programs.

   b. Facilitate Articulation Agreements Between Public and Private Schools
      • Ms. Klemczak shared that the Task Force on Nursing Regulation is exploring creation
        of a Unified Curriculum for PN programs that is in alignment with RN program curricula.
      • The LTC RSA agreed that this would be the best way to help credits move between
        public and private PN programs.
      • Rae Ramesdel shared that she would input from LTC Workforce Workgroup.

   c. Explore Changing Clinical Requirements & Encourage Use of Non-Traditional Clinical Sites
      • Rae Ramesdel shared that the Board of Nursing is reviewing a potential change in
        the OB-GYN and Pediatrics clinical requirements for PN programs.
      • Rae shared that non-traditional sites are allowable, and was open to sending a
        notification to PN programs that outpatient clinics and LTC facilities could be used.
      • The LTC RSA agreed to promote use of non-traditional clinical sites.

   d. Have Governor's Office Convene Key Stakeholders to duct Dialogues on Critical Issues
      • The LTC RSA explained that the Governor's office could help bring Hospital and LTC
        Interests to the table to find solutions on critical issues re. continuum of care
      • Ms Yager expressed she was not clear what these meetings would accomplish.
      • The LTC RSA will follow up with Ms. Yager to address her clarify the benefits.

2. Participants reviewed the LTC Task Force Recommendations assigned to the committee, and
   identified how they can be applied to LPN training:

   a. Recommendation 5 – "Improve and increase training opportunities for DCWs to allow for
      enhance skill development and employability.
      • LPN Training provides opportunities for DCW's to develop skills and employability
      • There is a need for more and better LPN training

b. <u>Recommendation 6</u> – "Increase training opportunities for employers to improve supervision and create a positive environment."
- Improved LPNs training can help improve supervision and work environment.
- Improved LPN training can help improve relations between LPNs and RNs.
- LPNs need more CEU training in supervision & creating positive work environments.

c. <u>Recommendation</u> 10 – "Develop health professional curricula and reform current practice patterns to reflect the changing needs of the population."
- LPNs would benefit from development of a core curriculum for PN programs.
- The LTC Commission and the Workforce Workgroup should offer input to the Board of Nursing re. Curriculum, clinical requirement and other nursing policy.
- Dawn Sweeney heard the Chief Nurse Executive Klemczak mentioned in a CLEG meeting that there is trouble retaining nurses (LPNS?) in SE Michigan.
- Dawn also heard something about a possible effort underway to change the Public Health Code on some nursing issues.

3. Other Workforce Workgroup and Issue Committee Recommendations and Next Steps:

a. During the Workforce Workgroup meeting Commission Hollis Turnham suggested that all Practical Nurse programs in the State should be canvassed to determine how many LPNs are being produced annually, and that this should be compared to the number of expected LPN vacancies projected by the Labor Market Institute.

b. Hollis also asked David Shevrin to find out from the Chief Nurse Executive's Office, or from Rae Ramesdel, what the status is on efforts to develop a core curriculum, change clinical requirements for PN programs and to change the Health Code.

4. Update:
a. David Shevrin spoke with Monica Balderson in Chief Nurse Executive Klemczak's office:
- The Task Force on Nursing Regulation has been looking at changing the Health Code and has developed a draft recommendation to eliminate the OB GYN and Pediatrics clinical requirements for Practical Nursing programs
- The Task Force is recommending creation of a Unified Curriculum for PN programs, and development of a Unified Curriculum for RN programs in the future.

b. David Shevrin received an e-mail from Rae Ramesdel:
- The Board of Nursing has had several discussions in the last year about changes they would like to make to the administrative rules. The Task Force on Nursing Regulation is also identifying areas that require either statutory or administrative change. The Board will take the recommendations of the Task Force under consideration as they begin to review the current rules and draft revisions.
- At this point, the Board of Nursing has not developed a formal plan since they are waiting for the results of the Task Force. Once those final recommendations are issued, the Rules Committee and the Education Committee will determine a course of action for bother gathering additional information and implementing changes. Rae anticipates there will be various meetings setup to discuss the proposed changes but is not sure how that will occur.

c. David Shevrin is no longer working with the SE Michigan LTC RSA, and will be replaced on the Workforce Workgroup by John King, the RSA's Project Manager.